

# M E D I C A R E Basics

A GUIDE FOR FAMILIES AND FRIENDS  
OF PEOPLE WITH MEDICARE



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## A Guide for Families and Friends of People with Medicare

As your parents, grandparents, relatives or friends face health care decisions, they might need to rely on you for help. Medicare can be an important factor in many of those health care decisions. But at this point, you may not be familiar with Medicare basics or other senior services. This booklet is for you.

*Medicare Basics* highlights eight “decision points” related to the health or overall well-being of an older person. For each of these decision points, you’ll find basic information about Medicare and suggestions on finding more detailed information. Words you see in bold are defined in the glossary.

Although *Medicare Basics* is directed to issues for the elderly, younger people with disabilities who have Medicare might face similar needs and issues. This publication might also be helpful in identifying services for them.

*Medicare Basics explains the Medicare Program. It is not a legal document.*

*The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.*

*Reference in this booklet to any specific private website; commercial products, process, service, or manufacturer; organization; or company doesn’t constitute its endorsement or recommendation by the U.S. Government or the Department of Health and Human Services.*

## Decision Points

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## QUICK FINDER

### [www.medicare.gov](http://www.medicare.gov)

[www.medicare.gov](http://www.medicare.gov) is the official U.S. Government website for people with Medicare. It is an easy-to-use, comprehensive resource. Here are some of the things you can do on the website:

- Find out if you are eligible for Medicare and when you can enroll
- Find out what Medicare covers

- Find a Medicare Prescription Drug Plan
- Compare health plan options in your area
- Find a doctor
- Get information on the quality of care provided by nursing homes, hospitals, home health agencies and dialysis facilities

You can get information and help with your Medicare questions 24 hours a day, seven days a week by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

# Learning the basics



“How are my retired parents paying for their health care? What sort of coverage do they have?”

## START HERE

It will be necessary to learn what kind of coverage the person you care for has. The information on a person's Medicare card is private. The person you care for can check on his or her own coverage by calling Medicare. To contact Medicare, see “Find Out More” below.

To check with Medicare on this person's behalf, ask him or her to join you on the call. Otherwise, this person can complete an authorization form to allow you to get Medicare information released to you. To get an authorization form, call Medicare.

**TAKE NOTE:** In addition to Medicare coverage, the person you care for may have a Medigap policy, a health plan with a former employer, or other insurance that can also help pay for health care needs.

## BASIC INFORMATION

Medicare is the federal health insurance program for people age 65 or older. It also covers certain younger people with disabilities and people with End-Stage Renal Disease.

**GETTING MEDICARE:** If the person you care for is 65 or older and is already getting Social Security benefits, he or she will be enrolled automatically in Medicare. A Medicare card will be mailed about three months before his or her 65th birthday. The card will show whether this person has **Part A** coverage (Hospital Insurance) and **Part B** (Medical Insurance). Most people don't have to pay a monthly premium for Medicare Part A when they turn 65 because they or a spouse paid Medicare taxes while they were working. Most people do pay a premium for Part B.

If the person you care for isn't getting Social Security benefits when he or she turns 65 (for example, if this person's still working), this person will have to sign up for Medicare. Call the Social Security Administration (SSA) to find out more. To contact the SSA, see “Find Out More” below.

Your state has programs that pay some or all of the Medicare premiums for people with limited income and resources. Call your state's Medical Assistance Office to learn about Medicare Savings Programs or visit [www.medicare.gov](http://www.medicare.gov) on the web.

**DID YOU KNOW?** Medicaid is not the same as Medicare. Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources. Coverage varies from state to state. A person may have both Medicaid and Medicare.

## FIND OUT MORE

### GET DETAILS

Look for detailed benefit information about Medicare at [www.medicare.gov](http://www.medicare.gov) on the web. Or call 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

### CENTERS FOR MEDICARE & MEDICAID SERVICES

**[www.medicare.gov](http://www.medicare.gov)** on the web. This site has a full range of Medicare information, including

- getting free copies of Medicare publications like “Medicare & You” (CMS Pub. No. 10050) and “Choosing a Medigap Policy: A Guide to Health

Insurance for People with Medicare” (CMS Pub. No. 02110).

- comparing health plan choices in your area.
- finding a Medicare drug plan.
- finding a doctor.
- finding helpful telephone numbers and websites.

**To get a Medicare authorization form,** call 1-800-MEDICARE (1-800-633-4227).

**To sign up for Medicare Part A or Part B,** call the Social Security Administration (SSA) at 1-800-772-1213. Or, go to **[www.ssa.gov](http://www.ssa.gov)** on the web.

# MEDICARE OPTIONS

Today's Medicare is about choice. Medicare has different ways to get Medicare benefits, as well as tools to help you make the best choice.

Medicare has Part A (Hospital Insurance), Part B (Medical Insurance), and prescription drug coverage. Some people have only Part A or Part B, but most people have both. You must choose and join a Medicare drug plan to get Medicare prescription drug coverage.

The **Original Medicare Plan** is a pay-per-visit health plan that lets people with Medicare go to any doctor, hospital, or other health care provider who accepts Medicare. Medicare pays its share of an approved amount and the person with Medicare pays the rest.

**Medicare Advantage Plans** such as Medicare HMOs, Medicare Preferred Provider Organization (PPO) Plans, and Medicare Private Fee-for-Service Plans are available in many areas of the country. If your parents join one, they will get their Medicare-covered benefits through the plan.

To get Medicare prescription drug coverage, you must join a Medicare plan that offers prescription drug coverage. This coverage may help lower prescription drug costs and help protect against higher costs in the future. See pages 10 and 11 for more information.

**MORE OPTIONS:** Medigap policies are Medicare supplement insurance sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage, such as out-of-pocket costs for Medicare coinsurance and deductibles, or for services not covered by Medicare.

**To find out about Medicare Savings Programs**, call your state Medical Assistance Office. You can get the number from your local telephone directory or call 1-800-MEDICARE (1-800-633-4227).

**www.aoa.gov**  
The U.S. Administration on Aging site offers a wide variety of information for seniors and caregivers, including the Eldercare Locator.

**www.eldercare.gov**  
Use the AoA Eldercare Locator to learn about private insurance, community programs, Medicaid, and your closest Area Agency on Aging (AAA) program. Or call 1-800-677-1116.

**www.nahu.org**  
National Association of Health Underwriters. Medigap policies are usually purchased through an agent. Select "Find an Agent" to locate an agent near you.

**MEDICARE PART A**  
(usually no premium)  
helps pay for inpatient hospital care, skilled nursing facility care following a hospital stay, hospice care, and some home health care.

**Medicare Part B**  
(premium) helps pay for doctors' services, outpatient hospital care, and some other medical services when they are medically necessary.

**Not covered by Part A or Part B:** long-term custodial care in a nursing home.

## Snapshot of Coverage Under the Original Medicare Plan

	Medicare Helps Pay	Medicare Doesn't Pay
Second Opinion	●	
Custodial Care		○
Clinical Laboratory Services	●	
Emergency Care	●	
Health Care While Traveling Outside the U.S.		○*
Outpatient Mental Health Care (50% of approved amount)	●	
Some Diabetes Services/Supplies (including therapeutic shoes, if specific conditions are met)	●	

\*(except in limited situations)

The Original Medicare Plan typically covers 80 percent of the allowable cost. Additional conditions will apply.

# Planning for a healthy future



“My grandparents are having more and more health problems and Granddad seems really frail. How can I help them before things get worse?”

## START HERE

Finding that the people you’ve always relied on may now need your help can be hard. Begin to assess the situation by talking with them and other family members about their health care and prescription drug needs, as well as permission to act on their behalf.

Help them focus on preventive care: healthy lifestyles, such as regular activity, eating a variety of foods, and maintaining social connections are important to health in later life. Also, remind them to protect their health by using Medicare’s preventive care services.

**PLAN NOW:** While it is important to be sensitive to privacy, asking them to share some personal information about doctors, medications, and medical histories will help you better plan for their health care and prescription drug needs.

Talk to the person you care for about what he or she wants and doesn’t want you to do. Some people decide to authorize a family member or trusted friend to make the decisions about their medical care. This is generally done through a **Power of Attorney** or a **Durable Power of Attorney** for health care. Contact your **State Health Insurance Assistance Program (SHIP)** for more information.

Also, discuss a living will (a health care advance directive) with this person. **Living wills** give directions about the kind of health care they want—and who may speak for them—if they cannot speak for themselves. Again, your SHIP can assist you.

## BASIC INFORMATION

At this point, you may be asking “what’s a SHIP?” It’s your State Health Insurance Assistance Program (SHIP). And, it is your resource for counseling and assistance about Medicare and insurance related issues. You can find the telephone number for the SHIP in your state on page 23.

You can meet with a local representative or talk to a Medicare expert on the phone for personal assistance. A SHIP gives free health insurance counseling and guidance to people with Medicare—or to family and friends, like you, who have authorization to help someone with Medicare questions. (See page 4 for information about a Medicare authorization form.)

The counselors at your SHIP office can answer general questions about hospitalization, Medicare choices, and local programs that can offer additional help. They can also help you learn more about living wills and Power of Attorney procedures. When you have a Medicare concern that needs to be discussed, your SHIP is a good place to start for solutions.

## FIND OUT MORE

**Find your SHIP:** See page 23 to find the SHIP telephone number for your state; to find the most current number go to [www.medicare.gov](http://www.medicare.gov) on the web.

**Local eldercare info:** Call 1-800-442-2803 to find out how to contact your Area Agency on Aging.

### **[www.medicare.gov](http://www.medicare.gov)**

Get free copies of Medicare publications including “Medicare & You” (CMS Pub. No. 10050), and “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare” (CMS Pub. No. 02110). You can also call 1-800-MEDICARE (1-800-633-4227) to get copies.

### **[www.aarp.org](http://www.aarp.org)**

Search caregiving. See “Care Giving, Changing Needs,” a planning guide for caregivers. The AARP site serves the needs of people age 50 and older by providing information, education, advocacy, and community. Or call 1-800-424-3410.

### **[www.caregiving.org](http://www.caregiving.org)**

Select Alliance Publications & Reports to find publications with advice and contacts for those caring for an older relative or friend from the National Alliance for Caregiving.



## COMMUNITY OPTIONS

If you see yourself taking a greater role in caring for someone, now may be a good time to gather information about community services. Take time to assess this person's needs for care—and your own needs as a caregiver. Consider getting help to manage meals, transportation, social activities, and services to assist with other daily needs.

**IMPORTANT** There are many reliable organizations that can help you that are devoted to both health care and older people. See “Find Out More” below.

You can get help by calling your Area Agency on Aging, or the U.S. Administration on Aging. Also check with your county's Department of Social Services. It is listed with county government offices in your local phone directory. And, your local library can usually help identify senior centers and other senior services available in the area.

## INFORMATION TO KNOW

- Social Security number
- Medicare Number and Medicare plan enrollment
- Other insurance plans and policy numbers, including long-term care insurance
- Contact information for health care professionals: doctors; specialists; nurses; pharmacists
- Current list of prescription drugs and their dosages
- Current health conditions, treatments, and symptoms
- History of past health problems
- Any allergies or food restrictions
- Emergency contacts, close friends, neighbors, clergy, housing manager
- Where to find financial and legal information



### Snapshot of Preventive Tests and Services That Medicare Helps Pay For

<b>Shots</b>	Pneumococcal Flu Hepatitis B, if at risk	
<b>Exams</b>	Pelvic Exam Pap Test Clinical Breast Exam	Welcome to Medicare, one-time physical
<b>Screenings</b>	Colorectal Cancer Prostate Cancer Mammogram Glaucoma (for people at high risk)	Cardiovascular Diabetes (for people at risk)
<b>Other Preventive Benefits</b>	Diabetes Services and supplies Bone Mass Measurement Medical Nutrition Therapy (for people with diabetes or kidney disease)	

The Original Medicare Plan typically covers 80 percent of the allowable cost. Additional conditions will apply.

#### [www.healthfinder.gov](http://www.healthfinder.gov)

Search caregiving. Find a series of website resources, including government agencies, nonprofits, and universities, that address a variety of eldercare topics from the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

#### [www.aoa.gov](http://www.aoa.gov)

Select Elders and Family to find a variety of caregiving resources, including ways to take care of others and yourself, joining a caregiver support group, and where to find supportive services in your community.

#### [www.benefitscheckup.org](http://www.benefitscheckup.org)

A service from the National Council on the Aging for eligibility information about federal and state programs including Social Security, Medicaid, food stamps, in-home services, pharmacy programs, and state programs.

# Seeking second opinions

## Chronic illness



“My mother has been diagnosed with a serious condition and she is really concerned about the future. Can she seek a second opinion?”

## START HERE

Facing a chronic health condition or surgery will raise questions and increase concerns for the person you care for. Having your support is important. Talk with this person about his or her condition and treatment, and about what the doctor said during visits. Going over the facts may relieve some concerns and give a more realistic picture of the situation. And, having you to talk to will be comforting—and helpful as you make health care decisions for the future.

Assure this person that everyone with Medicare has the right to know what their choices are, discuss the choices with another doctor, and have their wishes considered.

## BASIC INFORMATION

When a person’s doctor recommends surgery or a major medical test, encourage the patient to get a second opinion—even a third opinion. Getting a third opinion is beneficial when the first and second opinions are different. Seeing a third health care provider can provide information that helps patients decide on the best course of action for their health.

Medicare covers second and third opinions for non-emergency surgery. Medicare pays for 80 percent of the approved amount for second and third opinions as necessary. The Original Medicare Plan also helps pay for certain medical tests that may be required to get additional doctors’ opinions.

Examples of non-emergency surgery are a gall bladder procedure, hysterectomy, hernia repair, or cataract operation. Check the Medicare resources under “Find Out More” below to get more information about second opinions, surgery, and specific medical tests.

**IMPORTANT:** Always ask if a doctor or supplier accepts “assignment.”

Assignment is an agreement between Medicare, doctors, health care providers, and suppliers to accept the Medicare-approved amount as payment in full.

**SEEKING ANOTHER OPINION:** Some Medicare Advantage Plans, including Health Maintenance Organization Plans, may require the primary care doctor to give a written referral to another doctor for a second or third opinion.

## FIND OUT MORE

**Quick coverage check:** Call 1-800-MEDICARE (1-800-633-4227) for quick information about what Medicare does and does not cover or check with your SHIP.

**Learn about second opinions:** Call 1-800-MEDICARE (1-800-633-4227).

**Find Medicare participating physicians in your area:** Call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the web.

**Learn about caregiver resources:** Visit [www.caregiver.org](http://www.caregiver.org) on the web. This is the website of the National Alliance for Caregiving.

### OTHER RESOURCES OF INTEREST

**[www.alz.org](http://www.alz.org)**  
Find caregiver information and resources from the Alzheimer’s Association. Or call 1-800-272-3900 for around the clock support.



## STEPS TO SECOND OPINIONS

**Non-emergency surgery has been recommended — and you want a second opinion.**

Ask your primary care physician to refer you to another doctor for a second opinion or check the Participating Physician Directory at [www.medicare.gov](http://www.medicare.gov) on the web.

See the new doctor for a second opinion.

If the second opinion agrees with the first opinion, you can make an informed decision about surgery.

If the second opinion disagrees with the first opinion, you may seek a third opinion from a different doctor.

Ask your primary care physician to refer you to a different doctor for a third opinion.

See the new doctor for a third opinion.

Compare all three medical opinions to make an informed decision about surgery.

## COPING WITH ILLNESS

Helping the person you care for cope with a serious health condition, especially over a long period of time, can be physically and emotionally draining.

If you are a caregiver, there are a few things you can do. Find someone with whom you can talk about your feelings—all of them are legitimate, even those that upset you. It is also important to set realistic goals. Balancing work, family, and time for yourself is difficult. Determine your priorities and turn to other people for help with some tasks. Carve out time for yourself, even if it is just an hour or two.

There should be resources in your community that can help. Check the newspaper or local library to locate a caregiver support group in your area. Sharing experiences with others can help you manage stress, locate resources, and reduce feelings of isolation.

Talk to a professional who is trained to provide counseling on caregiving issues. Help may also be available through your employee assistance program.

If available, take advantage of respite care. Respite care is a service that provides temporary care for an older person. Respite care may mean help with a specific task or having health care providers care for the individual at home or in an extended care facility while you take time off. Medicare does not usually pay for respite care, but other help may be available.

### [www.alzheimers.org](http://www.alzheimers.org)

The Alzheimer's Disease Education and Referral Center's website from the National Institute on Aging.

### [www.cancer.gov](http://www.cancer.gov)

Credible, current comprehensive cancer information from the National Cancer Institute.

### [www.diabetes.org](http://www.diabetes.org)

Research and information from the American Diabetes Association.

### [www.ninds.nih.gov](http://www.ninds.nih.gov)

Overview of Parkinson's disease from the National Institute of Neurological Disorders and Stroke.

### [www.nia.nih.gov](http://www.nia.nih.gov)

Health information and resources regarding Alzheimer's disease from the National Institute on Aging.

# Paying for outpatient prescription drugs



**“My neighbor Al’s medical conditions require him to be on a number of medications. Where can he get help to pay for his outpatient prescription drugs?”**

## START HERE

Starting January 1, 2006, Medicare offers new prescription drug coverage. This new coverage can provide help with drug costs, no matter how the person you care for pays for drugs today. Everyone with Medicare can join a drug plan to get this coverage. And, everyone with Medicare must make a decision about their drug coverage. It’s important that you help the person you care for understand this information and make a decision.

For more information about Medicare prescription drug coverage, read the “Medicare & You” handbook your family member or friend gets in the mail in October. It includes detailed information about Medicare drug plans, including which plans will be available in your area. If the person you care for needs help choosing a Medicare drug plan that meets his/her needs, together, you can

- visit [www.medicare.gov](http://www.medicare.gov) on the web and get personalized information.
- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- call the State Health Insurance Assistance Program for personalized help.
- look for Medicare-related events.

## BASIC INFORMATION

Medicare prescription drug coverage is insurance. Insurance companies and other private companies approved by Medicare provide the coverage. The person you care for chooses a drug plan and pays a monthly premium. The amount of the monthly premium isn’t affected by the health status of the person you care for or how many prescriptions he or she uses. Those individuals who have limited income and resources may get extra help to cover prescription drugs for little or no cost. If you think the person you care for qualifies for extra help, call Social Security at 1-800-772-1213, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web, or contact your State Medical Assistance office.

People with Medicare can first join a plan offering Medicare prescription drug coverage between November 15, 2005 and May 15, 2006. If they join by December 31, 2005, coverage begins January 1, 2006. If they join after December 31, 2005, coverage is effective the first day of the month after the month they join. If they don’t join by May 15, 2006, they must wait until November 15, 2006 to join. Enrollment is generally for the calendar year.

**Important**—If they don’t join a plan that offers Medicare prescription drug coverage by May 15, 2006, they may have to pay a penalty if they choose to join later. This means the monthly premium will be higher.

## FIND OUT MORE

**Prescription drug programs nearby:** Call your state Department of Aging. You can get their number from the Eldercare Locator. Call 1-800-677-1116 or visit [www.eldercare.gov](http://www.eldercare.gov) on the web.

**Visit [www.medicare.gov](http://www.medicare.gov)** to get information on Medicare prescription drug coverage, Medigap policies, or Medicare Advantage Plans, or to

get a free copy of the booklet “Your Guide to Medicare Prescription Drug Coverage” (CMS Pub. No. 11109) or the fact sheet “New Medicare Prescription Drug Coverage: A Message for People who Care for Someone with Medicare” (CMS Pub. No. 11126). You can also call 1-800-MEDICARE (1-800-633-4227).

**[www.aarp.org](http://www.aarp.org)**  
Select Health and Wellness for information on a variety of topics, including prescription programs, and health issues.

**[www.eldercare.gov](http://www.eldercare.gov)**  
General information and prescription programs that may be available in your community or state. Or call 1-800-677-1116 and ask for a free copy of Pharmaceutical Programs for Seniors from the U.S. Administration on Aging.

## COVERAGE OPTIONS

Costs and coverage vary depending on which plan is chosen. Each plan, however, must offer coverage that is at least as good as the Medicare standard level of coverage. For 2006, the Medicare standard is

- a monthly premium (varies depending on the plan).
- the first \$250 per year for prescriptions. This is called the “deductible.”

After the \$250 yearly deductible, here’s how the costs work:

- they pay, on average, 25% of the yearly drug costs from \$250 to \$2,250, and the plan pays the other 75% of these costs, then
- after they have paid \$2,250 in covered drug costs, they pay 100% of their covered drug costs until they have spent \$3,600 out-of-pocket, then
- they pay 5% of their covered drug costs (or a small copayment) for the rest of the calendar year after they have spent \$3,600 out-of-pocket. The plan pays the rest.

There are two types of Medicare plans that provide insurance coverage for prescription drugs.

1. Prescription drug coverage that is part of Medicare Advantage Plans and other Medicare Health Plans. All Medicare health care and prescription drug coverage is provided through these plans.
2. Medicare prescription drug coverage that adds coverage to the Original Medicare Plan, and some Medicare Cost Plans and Medicare Private Fee-for-Service Plans.

Depending on the type of coverage the person you care for currently has, he/she may have different decisions to make. Check his/her current coverage to see if this coverage is changing.

If you and the person you care for need help, call your **State Health Insurance Assistance Program** (see page 23 for their telephone number). Also, Medicare is working with other government representatives, community and faith-based groups, employers and unions, doctors, pharmacies, and other people and organizations at the local level to help people with Medicare understand the new prescription drug coverage and plan options. Look for information about events in your local newspaper or listen for information on the radio. You and the person you care for can also get personalized counseling by calling your local office on aging. For the telephone number, visit [www.eldercare.gov](http://www.eldercare.gov) on the web.

### **[www.fda.gov](http://www.fda.gov)**

The U.S. Food and Drug Administration site provides information about new prescription drug approvals; drug safety and side effects; public health alerts and warning letters; reports and publications; and special projects and programs.

### **[www.nlm.nih.gov](http://www.nlm.nih.gov)**

The National Library of Medicine site includes a guide to more than 9,000 prescription and over-the-counter medications provided by the United States Pharmacopeia (USP) in the USP DI® and Advice for the Patient®.

### **[www.phrma.org](http://www.phrma.org)**

The Pharmaceutical Research and Manufacturers of America (PhRMA) site contains a searchable directory of prescription drug assistance programs that are available from PhRMA members.

### **[www.rxassist.org](http://www.rxassist.org)**

The Volunteers in Health Care: RxAssist site contains helpful information about a national program, RxAssist, which is supported by the Robert Wood Johnson Foundation.

# Help with hospitalization and other billing questions



“Aunt Alice asked for my help. She is in the hospital, and I’m trying to figure out her bills.”

## START HERE

Medicare covers most inpatient hospital costs for a stay of less than 60 days.

- To answer a billing question about **Medicare Part A**, you will need to call the **Fiscal Intermediary** in your state.
- To answer a billing question about **Medicare Part B**, you will need to call the Medicare Carrier.

**IMPORTANT** The names and contact information are on the bills. You will need the Medicare Number to get information on specific bills and provider payments.

To answer a question about a **Medicare Advantage Plan** or **Medigap** policy, you will need to call the benefits coordinator at the company or health plan that offers the plan. To locate telephone numbers, you can also call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the web.

Each state has a Fiscal Intermediary and Medicare Carrier for the Original Medicare Plan.

The Fiscal Intermediary pays Part A claims and can help you with questions about Part A bills and services, hospital care, skilled nursing care, and fraud and abuse. When you call, you may be referred to another company that handles claims.

The Medicare Carrier pays Part B claims and is your contact for information about Part B coverage, bills, and medical services, as well as fraud and abuse.

## BASIC INFORMATION

Knowing about deductibles, coinsurance, and copayments also can help you understand Medicare billing:

- The **deductible** is the amount that a person must pay for health care before Medicare Part A or Part B begins to pay. These amounts can change every year.
- **Coinsurance** is the percentage (usually 20 percent) of the Medicare-approved amount that the person has to pay after paying the deductible for Part A and Part B.
- A **copayment** is a set amount the person pays for each medical service, like a doctor visit. Medicare Advantage Plans might also require a copayment.

**IMPORTANT** When a person with Medicare is covered by more than one health insurance plan, the other insurance may pay the health care bills first. Such other insurance could include an employer’s group health plan, no-fault insurance, any liability insurance, black lung benefits, veterans benefits, and workers’ compensation. Make sure doctors and hospitals are aware of the other insurance so they will handle bills correctly.

## FIND OUT MORE

**Who pays first?** Call the Coordination of Benefits Contractor at 1-800-999-1118 if you have other insurance and want to know who pays health care bills first.

[www.medicare.gov](http://www.medicare.gov)

Get free copies of the booklets “Outpatient Prospective Payment System” (CMS Pub. No.

02118) and “Medicare and Other Health Benefits: Your Guide to Who Pays First” (CMS Pub. No. 02179). Get an “Appointment of Representative” form (Medicare CMS 1696-U4). You can also request these publications or an “Appointment of Representative” form by calling 1-800-MEDICARE (1-800-633-4227).

[www.healthfinder.gov](http://www.healthfinder.gov)

Information from many federal agencies, states, professional associations, nonprofit organizations, and universities.

[www.ncoa.org](http://www.ncoa.org)

Identify programs to improve older adults’ quality of life from National Council on the Aging.

[www.seniors.gov](http://www.seniors.gov)

The federal website for seniors with a locator to find services near where you live or work.



# STATEMENT AND BILLS

After a service is provided, people with the Original Medicare Plan get a Medicare Summary Notice (MSN). This is true for both Part A and Part B services. **A MSN is not a bill.** The MSN shows the amount that will be owed to the provider after Medicare has paid its part. It is best to receive the MSN before paying the provider. Notices and bills for Medicare Advantage Plans and Medigap policies will look different than the MSN shown here.

The person you care for has certain guaranteed rights to help protect him/her. One of these is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. No matter how this person gets his/her Medicare health care, there is generally a right to appeal. Some of the reasons for an appeal are when

- he/she doesn't agree with the amount that Medicare paid.
- a service or item isn't covered and he/she thinks it should be covered.
- a service or item is denied, and he/she thinks it should be paid.

Information on how to file an appeal is on the MSN, in the health plan materials, or in the drug plan materials. If this person decides to file an appeal, ask the doctor or provider for any information that may help the case. You can also call the State Health Insurance Assistance Program (SHIP) for help filing an appeal. SHIP telephone numbers are on page 23.

If this person wants someone to file an appeal on his/her behalf, he/she will need to complete an "Appointment of Representative" form (Form CMS 1696-U4). To get a copy of this form, see "Find Out More" on page 12.

For more information about your appeal rights, visit [www.medicare.gov](http://www.medicare.gov) on the web or call 1-800-MEDICARE (1-800-633-4227) to get a free copy of "Your Medicare Rights and Protections" (CMS Pub. No. 10112).

**CMS Medicare Summary Notice** June 18, 2005

BENEFICIARY NAME  
STREET ADDRESS  
CITY, STATE ZIP CODE

CUSTOMER SERVICE INFORMATION  
Your Medicare Number:  
If you have questions, write or call:  
Medicare  
555 Medicare Blvd.  
Suite 200  
Medicare Building  
Medicare, US XXXXX-XXXX  
Call: 1-800-MEDICARE  
(1-800-633-4227). Ask for Doctor Services.  
TTY users should call 1-877-486-2048.

BE INFORMED: Protect your Medicare Number as you would a credit card number.

This is a summary of claims processed from 5/15/05 through 6/15/05

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

Dates of Service	Service Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 12345-84956-84556 Doctor name, Street Address, City, State Zip Code 04/07/05	1 Office/Outpatient Visit, ES (99214)	\$55.00	\$44.35	\$0.00	\$44.35	a, b,

Notes Section:

THIS IS NOT A BILL - Keep this notice for your records.

## PART B MED

Tells you if the service is covered under Part A or Part B

Dates of

Amount Charged

The charge submitted to Medicare by the provider of services

\$55.00

Medicare Approved

The total amount that Medicare approved for the service

\$44.35

You May Be Billed

What the provider bills you, including deductible, copayments, and non-covered charges (Medicare supplement insurance may pay all or part of the amount)

\$44.35

Medicare Paid Provider

Medicare usually pays 80% of the approved amount after the deductible is met

\$0.00

Note: Notices for Medicare Advantage Plans and Medigap policies will look different.

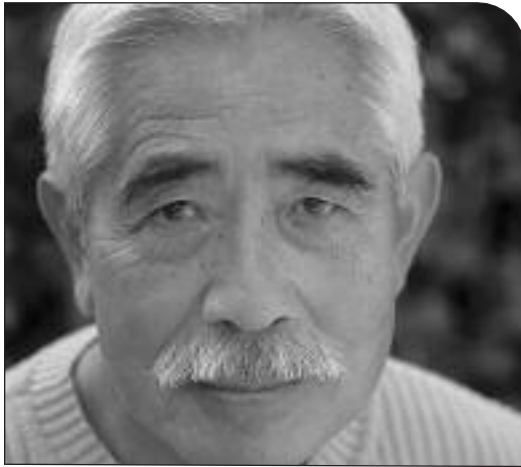
## Snapshot of Original Medicare Coverage for Inpatient Hospital Stays (Medicare Part A)

		Medicare Helps Pay	Medicare Doesn't Pay
Care	General Nursing	●	
	Private Duty Nursing		○
Room	Semiprivate Room	●	
	Private Room (unless medically necessary)		○
Hospital Services	Meals	●	
	Television		○
	Telephone		○
	Most Services + Supplies	●	

Certain conditions will apply.



# Home health care and community services



“Henry is doing better after his illness, but he may need some ongoing help. How do I find him the services he needs?”

## START HERE

The right kind of support can go a long way to help people continue to lead independent, productive lives at home.

Start by checking with your friend or relative’s doctor about what services are needed and who provides them. To find out if a patient is eligible for Medicare’s **Home Health Care** services, call the **Regional Home Health Intermediary (RHHI)**. A RHHI is a private company that contracts with Medicare to pay bills and check on the quality of home health care. To contact a RHHI, call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the web.

## BASIC INFORMATION

Home health care under the Original Medicare Plan is short-term skilled care at home after hospitalization or for the treatment of an illness or injury.

Home health agencies provide home care services, including skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social work, and care by home health aides.

Medicare Home Health Care benefits are available to patients if they meet four conditions:

1. Their doctor must decide that they need medical care in their home and must make a plan for that care;
2. They must need intermittent skilled nursing care, physical therapy, speech language pathology services, or occupational therapy;
3. They must be **homebound**; and
4. The **home health agency** caring for them must be approved by the Medicare Program.

If approved, Medicare will pay for skilled nursing and other services, according to a plan of care established by your doctor, from a Medicare-certified home health agency in the community. Skilled nursing care is a level of care that must be given by registered nurses or licensed practical nurses.

## FIND OUT MORE

### [www.medicare.gov](http://www.medicare.gov)

Get a free copy of “Medicare and Home Health Care” (CMS Pub. No. 10969). This booklet provides complete information on Home Health Care benefits.

### [www.aarp.org](http://www.aarp.org)

Find information about community-based services and providing for health care needs so older people can stay in their homes.

### [www.mowaa.org](http://www.mowaa.org)

The Meals on Wheels website can help search for a meal service program in your community.

### [www.caremanager.org](http://www.caremanager.org)

Locate a geriatric care manager who can oversee care for your older relative or friend, from National Association of Professional Geriatric Care.

## CARE OPTIONS

Even if the person you are caring for is receiving care not covered under the Original Medicare Plan, there are options for ongoing care.

Some **Medicare Advantage Plans** or **Medigap** policies may help with short-term care needs. The **State Health Insurance Assistance Program (SHIP)** can help you determine choices and coverage. (See page 23 for their telephone number.)

There are times when a person's needs extend beyond the intermittent skilled care provided through Medicare. Community-based services across the country support independent living and are designed to promote the health, well-being and independence of older adults. These services can also supplement the supportive activities of caregivers.

Often, community-based senior citizens' services offer companionship visits, help around the house, meal programs, caregiver respite, adult day care services, transportation, and more. These support services may be funded by state and county programs or offered by church or volunteer groups.

## QUESTIONS TO ASK A HOME HEALTH AGENCY



- Is your agency Medicare approved?
- How long have you served the community?
- Does this agency provide the services my relative or friend needs?
- How are emergencies handled?
- Is the staff on duty around the clock?
- How much do services and supplies cost?
- Will you be in regular contact with the doctor?

### Snapshot of Original Medicare Coverage for Qualified Home Health Care Patients

		Medicare Helps Pay	Medicare Doesn't Pay
Care	Home Health Aide (part-time or intermittent)	●	
	Skilled Nursing Care (part-time or intermittent)	●	
	Personal Care (full-time)		○
	24-Hour/Day Care at Home		○
	Homemaker (shopping, cleaning, laundry)		○
	Home Meal Delivery		○
Therapy	Physical Therapy	●	
	Occupational Therapy	●	
	Speech-Language Therapy	●	
Medical Supplies	Wound Dressings	●	
	Durable Medical Equipment	●	
	Some post-transplant drugs	●	
	Some cancer drugs	●	

Certain conditions will apply.

### FIND A MEDICARE-APPROVED HOME HEALTH AGENCY

- Ask the doctor or hospital discharge planner
- Use a senior community referral service or agency
- Look in your telephone directory in the Yellow Pages under "home care" or "home health care"

#### [www.first.gov](http://www.first.gov)

Click Benefits and Grants: Information on benefits such as Social Security, Medicare, pensions, and food assistance.

#### [www.nahc.org](http://www.nahc.org)

Information on home care needs, provider qualifications, locating home care agencies, and paying for home health care from the National Association for Home Care.

#### [www.eldercare.gov](http://www.eldercare.gov)

Identify your Area Agency on Aging and local resources, including long term care, adult care centers, home health agencies, and senior centers. Or call the Eldercare Locator at 1-800-677-1116. Your AAA is part of a nationwide system that responds to the needs of seniors and their caregivers.

# Nursing homes and housing options



**“Mom needs professional care around the clock. Will her insurance pay for a nursing facility? How do I find a good nursing facility?”**

## START HERE

Serious and chronic illness may create a need for full-time care outside the home. It is a decision you and the person you are caring for should discuss with the doctor—as well as other family members.

Start your search for nursing home care at [www.medicare.gov](http://www.medicare.gov) on the web. You can find many helpful links that can help you gather information about Medicare- and Medicaid-certified **nursing facilities** and **long-term care** options in your state. You also can compare the quality of nursing homes in your area.

If long-term care is needed, you may want to consider in-home services from a **home health agency** in your community. Look under Home Care or Home Health Services in your telephone directory. Be aware that some community programs offer help with free meals, visits, or transportation.

## BASIC INFORMATION

Under limited conditions, Medicare will pay some nursing home costs such as when a patient needs skilled nursing or **rehabilitation** services after a hospital stay. For more information, call your local **State Health Insurance Assistance Program** or **Nursing Home Ombudsman** (see [www.aoa.gov](http://www.aoa.gov)).

**NURSING HOMES AND MEDICAID:** Medicaid is a state and federal program that will pay most nursing home costs for people with limited income and resources. Eligibility varies by state. Medicaid will pay for nursing home care only when provided in a Medicaid-certified facility. For information about Medicaid eligibility, call your SHIP or State Medical Assistance office (call 1-800-MEDICARE [1-800-633-4227] for the telephone number in your area).

**IMPORTANT:** Medicare pays for short-term skilled nursing care if ordered by a physician. Medicare does not pay long-term custodial care in a nursing home. Generally, custodial care is paid by personal savings, long-term care insurance, or Medicaid.

## FIND OUT MORE

### [www.medicare.gov](http://www.medicare.gov)

Get information about nursing home facilities across the nation.

Get a free copy of “Your Guide to Choosing a Nursing Home” (CMS Pub. No. 02174) and “Medicare Coverage of Skilled Nursing Facility Care” (CMS Pub. No. 10153).

### [www.aahsa.org](http://www.aahsa.org)

Find nonprofit residences, evaluate them, and choose a facility or provider at the website of the American Association of Homes and Services for the Aging.

### [www.ahca.org](http://www.ahca.org)

Information about senior housing facilities, nursing homes, continuing care retirement centers (CCRCs), and assisted living facilities from the American Health Care Association.

### [www.eldercare.gov](http://www.eldercare.gov)

Information on selecting nursing homes in your area.

## CARE OPTIONS

There are several categories of care available in most communities—ranging from daytime activities to full-time care.

**ADULT DAY CARE:** Daily structured activities and health-related and rehabilitation services for the elderly who need a protective environment. Care is provided during the day and the individual returns home for the evening.

**ASSISTED LIVING FACILITIES:** Residential homes offering a range of services that usually include activities of daily living, supervision, and medication management.

**CONTINUING CARE RETIREMENT COMMUNITIES (CCRC):** A housing community that provides different levels of care based on resident's needs.

**CUSTODIAL CARE:** Assistance with daily activities such as bathing, eating, and dressing.

**RESIDENTIAL CARE FACILITIES:** Settings designed for independent living while offering meals, social and recreational activities, and other support.

**SKILLED NURSING FACILITIES:** Facilities with 24-hour supervision and medical and rehabilitative services for patients requiring a high level of care.

## CONSIDER THIS WHEN CHOOSING A NURSING HOME



- Is the facility Medicare- or Medicaid-certified?
- Does the nursing home have the level of care needed (e.g., skilled, custodial) and a bed available?
- Does the nursing home have special services if needed in a separate unit (e.g., ventilator or rehabilitation) and is a bed available?
- Are residents clean, well groomed, and appropriately dressed for the season or time of day?
- Is the nursing home free from strong unpleasant odors?
- Does the nursing home appear to be clean and well kept?
- Does the home conduct staff background checks?
- Does the staff interact warmly and respectfully with home residents?
- Does the home meet cultural, religious, or language needs?
- Are the home and the current administrator licensed?

You will want to make surprise visits at different times of the day to verify conditions.

For a complete nursing home checklist, visit [www.medicare.gov](http://www.medicare.gov) on the web.

### MEDICARE'S NURSING HOME QUALITY INITIATIVE

Medicare has implemented a national quality initiative to help people compare nursing home quality of care. Medicare is reporting a new set of quality measures and publishes the results. These quality measures are an additional source of information to help you choose a nursing home. A checklist is available to assist you. For this checklist or more information, call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the web.

The state conducts inspections of each participating nursing home, on average, about once a year. The state also investigates complaints about nursing home care to make sure the homes meet the minimum Medicare and Medicaid quality and performance standards. The Centers for Medicare & Medicaid Services (CMS) also works with quality improvement organizations in each state to help nursing homes improve the quality of care they give residents.

### [www.naic.org](http://www.naic.org)

Request the free publication, "A Shopper's Guide to Long-Term Care Insurance" from the National Association of Insurance Commissioners.

Long-term care insurance: A private insurance policy purchased from an insurance company. The benefits and costs of these plans vary widely. For more information, contact the National Association of Insurance Commissioners (NAIC) at 816-783-8500.

# Considering hospice care



“The doctors have said there’s really nothing more they can do for Uncle Jerry. Should we consider hospice care?”

## START HERE

**Hospice** care is a special way of caring for people who are terminally ill—and helping their families cope. The goal of hospice is to provide end-of-life care, not to cure the illness. This care includes medical social services, care by the patient’s doctor, nurses, counselors, social workers’ visits, and other types of services.

Call your **Regional Home Health Intermediary (RHHI)** for more information about Medicare hospice benefits. A RHHI is a private company that contracts with Medicare to pay bills and check on the quality of hospice and **home health care**. Your State Hospice Organization can also help you locate hospice care.

To get local telephone numbers for your RHHI or State Hospice Organization, call 1-800-MEDICARE (1-800-633-4227).

## BASIC INFORMATION

Medicare’s hospice benefit provides for support and comfort to terminally ill patients—including services not usually paid for by Medicare. To be eligible for hospice care, the patient must have **Medicare Part A** and

- the doctor and hospice medical director must certify that the patient is terminally ill and has probably six months or less to live.
- the patient must sign a statement choosing hospice care instead of routine Medicare-covered benefits for their terminal illness.
- the patient must receive care from a Medicare-approved hospice program.

Be aware that Medicare hospice benefits do not include treatment to cure terminal illness. If the patient’s health improves or illness goes into remission, he or she always has the right to stop getting hospice care and go back to the regular Medicare health plan. A hospice patient will continue to have Medicare benefits to help pay for treatment of conditions unrelated to the terminal illness.

To find a hospice program, call 1-800-MEDICARE (1-800-633-4227) or your State Hospice Organization in the blue pages of your telephone book. Medicare requires the hospice agency and hospice team you choose to provide care.

## FIND OUT MORE

### [www.medicare.gov](http://www.medicare.gov)

Get a free copy of “Medicare Hospice Benefits” (CMS Pub. No. 02154).

### [www.nhpco.org](http://www.nhpco.org)

Information on hospice programs across the United States from the National Hospice and Palliative Care Organization.

### [www.hospiceinfo.org](http://www.hospiceinfo.org)

Free booklets: “Hospice Care & The Medicare Hospice Benefit” and “Hospice Care: A Consumer’s Guide to Selecting a Hospice Program” from the National Hospice Foundation.

### [www.hospice-america.org](http://www.hospice-america.org)

Information from the Hospice Association of America. This organization represents hospices, caregivers, and volunteers serving terminally ill patients and their families.



# HOSPICE CARE

Most hospice patients receive hospice care in the comfort of their home and with their families. Depending on the patient’s condition, hospice care also may be given in a Medicare-approved hospice facility, hospital, or nursing home. Hospice volunteers are available to do household chores, provide companionship, and offer support to the patient and family.

Medicare pays for inpatient **respite care** (short-term care for hospice patients) so that the usual caregiver can rest.

## CONSIDER THESE QUESTIONS WHEN SELECTING HOSPICE CARE PROVIDERS



- Does the hospice provider train caregivers to care for the patient at home?
- How will the patient’s doctor work with the doctor in the hospice program?
- How many other patients are assigned to the hospice care staff?
- Does the hospice staff meet regularly with the patient and family to discuss care?
- How does the hospice staff respond to after-hour emergencies?
- What measures are in place to ensure hospice care quality?
- What services do hospice volunteers offer? Are they trained?
- Is the hospice program certified and licensed by the state or federal government?

Snapshot of Original Medicare Plan Coverage for Hospice Care		Medicare Helps Pay	Medicare Doesn't Pay
Medical Care	Doctor's Services	●	
	Skilled Nursing	●	
	Curative Treatments for Terminal Illness		○
Support Care	Homemaker Services	●	
	Home Health Aide	●	
	Short-Term Hospital Care Including Respite Care	●	
Therapy	Physical Therapy	●	
	Occupational Therapy	●	
	Speech-Language Therapy	●	
	Dietary Counseling	●	
	Counseling for Patient and Family	●	
Drugs	Symptom Control (except copayments up to \$5)	●	
	Pain Relief (except copayments up to \$5)	●	
Medical Supplies	Wheelchairs or Walkers	●	
	Wound Dressings	●	

Certain conditions will apply.

# HOW TO HELP Next Steps

You can support your older relative or friend by becoming familiar with Medicare and other senior services. The resources in this booklet provide a starting point. Once you gather the information, the next step is to contact the people and organizations that can support your loved one or friend in a personal way. The Medicare website, [www.medicare.gov](http://www.medicare.gov), is a comprehensive source of Medicare information. You can talk with a Medicare Customer Service Representative at **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048. Be sure to request or download your own copy of the *Medicare & You* handbook (CMS Pub. No. 10050) for easy reference. You may also request or download other topic-specific publications. Medicare is working to meet the needs of people with Medicare—and those who care for them.

## WORDS TO KNOW

### **Advance Directive**

A written document stating how you want medical decisions to be made if you lose the ability to make them for yourself. It may include a Living Will and a Durable Power of Attorney for health care.

### **Custodial Care**

Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in and out of a bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.

### **Durable Power of Attorney**

A legal document that enables you to designate another person, called the attorney-in-fact, to act on your behalf, in the event you become disabled or incapacitated.

### **Fiscal Intermediary**

A private company that has a contract with Medicare to pay Part A and some Part B bills. Fiscal Intermediaries are being phased out and replaced by Medicare Administrative Contractors.

### **Health Maintenance Organization Plan**

A type of Medicare Advantage Plan that is available in some areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency. Your costs may be lower than in the Original Medicare Plan.

### **Home Health Agency**

An organization that gives home care services, like skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by home health aides.

### **Home Health Care**

Limited part-time or intermittent skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.

### **Homebound**

Normally unable to leave home unassisted. To be homebound means that leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious service. A need for adult day care doesn't keep you from getting home health care.

### **Hospice (Palliative Care)**

A special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. Hospice care is covered under Medicare Part A (Hospital Insurance).

### **Living Will**

A legal document also known as a medical directive or advance directive. It states your wishes regarding life-support or other medical treatment in certain circumstances, usually when death is imminent.

### **Long-term Care**

A variety of services that help people with health or personal needs and activities of daily living over a period of time. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. Most long-term care is custodial care. Medicare doesn't pay for this type of care if this is the only kind of care you need.

### **Medicare Advantage Plan**

A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. In most cases, Medicare Advantage Plans also offer Medicare prescription drug coverage. A Medicare Advantage Plan can be an HMO, PPO, or a Private Fee-for-Service Plan.

### **Medicare Part A**

Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

### **Medicare Part B**

Medicare medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment, and some medical services that aren't covered by Part A.

**Medicare Prescription Drug Plan**

A stand-alone drug plan, offered by insurance and other private companies to add prescription drug coverage to the Original Medicare Plan, Medicare Private Fee-for-Service Plans that don't have prescription drug coverage, and Medicare Cost Plans.

**Medigap Policy**

Medicare supplement insurance sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. Except in Massachusetts, Minnesota, and Wisconsin, there are 12 standardized plans labeled Plan A through Plan L. Medigap policies only work with the Original Medicare Plan.

**Nursing Facility**

A facility which primarily provides skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.

**Nursing Home**

A residence that provides a room, meals, and help with activities of daily living and recreation. Generally, nursing home residents have physical or mental problems that keep them from living on their own. They usually require daily assistance.

**Ombudsman**

An advocate (supporter) who works to solve problems between residents and nursing homes, as well as assisted living facilities. Also called "Long-term Care Ombudsman."

**Original Medicare Plan**

A fee-for-service health plan that lets you go to any doctor, hospital, or other health care supplier who accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). In some cases, you may be charged more than the Medicare-approved amount. The Original Medicare Plan has Part A (Hospital Insurance) and Part B (Medical Insurance), and prescription drug coverage (starting January 1, 2006).

**Power of Attorney**

A medical power of attorney is a document that lets you appoint someone you trust to make decisions about your medical care. This type of advance directive also may be called a health care proxy, appointment of health care agent or a durable power of attorney for health care.

**Preferred Provider Organization Plan**

A type of Medicare Advantage Plan in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Private Fee-for-Service Plan**

A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and what you pay for the services you get. You may pay more or less for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan doesn't cover.

**Regional Home Health Intermediary**

A private company that contracts with Medicare to pay home health and hospice bills and check on the quality of home health care.

**Rehabilitation**

Rehabilitative services are ordered by your doctor to help you recover from an illness or injury. These services are given by nurses and physical, occupational, and speech therapists. Examples include working with a physical therapist to help you walk and with an occupational therapist to help you get dressed.

**Respite Care**

Temporary or periodic care provided in a nursing home, assisted living residence, or other type of long-term care program so that the usual caregiver can rest or take some time off.

**Skilled Nursing Facility**

A nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.

**State Health Insurance Assistance Program (SHIP)**

A State program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

**State Medical Assistance Office**

A state agency that is in charge of the State's Medicaid program and can give information about programs that help pay medical bills for people with limited income and resources.

## State Health Insurance Assistance Program – Call for help with

- buying a Medigap policy or long-term care insurance
- dealing with payment denials or appeals
- Medicare rights and protections
- complaints about your care or treatment
- choosing a Medicare health plan, or Medicare bills.

*These telephone numbers were correct at the time of printing. Sometimes these numbers change. To get the most up-to-date telephone numbers, call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) on the web.*

### Alabama

1 (800)243-5463

### Alaska

1 (800)478-6065 in-state calls only

### American Samoa

Phone number not available

### Arizona

1 (800)432-4040

### Arkansas

1 (800)224-6330

### California

1 (800)434-0222 in-state calls only

### Colorado

1 (888)696-7213

### Connecticut

1 (800)994-9422 in-state calls only

### Delaware

1 (800)336-9500 in-state calls only

### Florida

1 (800)963-5337

### Georgia

1 (800)669-8387

### Guam

1 (671)735-7382

### Hawaii

1 (888)875-9229

### Idaho

1 (800)247-4422 in-state calls only

### Illinois

1 (800)548-9034 in-state calls only

### Indiana

1 (800)452-4800

### Iowa

1 (800)351-4664

### Kansas

1 (800)860-5260

### Kentucky

1 (877)293-7447

### Louisiana

1 (800)259-5301 in-state calls only

### Maine

1 (877)353-3771 in-state calls only

### Maryland

1 (800)243-3425 in-state calls only

### Massachusetts

1 (800)243-4636

### Michigan

1 (800)803-7174

### Minnesota

1 (800)333-2433

### Mississippi

1 (800)948-3090

### Missouri

1 (800)390-3330

### Montana

1 (800)551-3191 in-state calls only

### Nebraska

1 (800)234-7119

### Nevada

1 (800)307-4444

### New Hampshire

1 (800)852-3388 in-state calls only

### New Jersey

1 (800)792-8820 in-state calls only

### New Mexico

1 (800)432-2080 in-state calls only

### New York

1 (800)333-4114

### North Carolina

1 (800)443-9354 in-state calls only

### North Dakota

1 (800)247-0560

### Northern Mariana Islands

Phone number not available

### Ohio

1 (800)686-1578

### Oklahoma

1 (800)763-2828 in-state calls only

### Oregon

1 (800)722-4134 in-state calls only

### Pennsylvania

1 (800)783-7067

### Puerto Rico

1 (877)725-4300

### Rhode Island

1 (401)462-0508

### South Carolina

1 (800)868-9095

### South Dakota

1 (800)536-8197

### Tennessee

1 (877)801-0044

### Texas

1 (800)252-9240

### Utah

1 (877)424-4640

### Vermont

1 (800)642-5119 in-state calls only

### Virgin Islands

1 (340)776-8311-1005

### Virginia

1 (800)552-3402

### Washington

1 (800)562-6900

### Washington DC

1 (202)739-0668

### West Virginia

1 (877)987-4463

### Wisconsin

1 (800)242-1060

### Wyoming

1 (800)856-4398



